	WATER WELL PLUGGING R	RECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SW14 NW 14 NE 14	5	15	2 E Æ
Distance and direction from nearest town				
1.5 mi. E, 1.25 mi. S of intersection of	Ohio and Magnolia Sts., Salin	a		
2 WATER WELL OWNER: Joe Hodg	qes			
RR #, St. Address, Box #: 3109 S. [City, State, ZIP Code : Salina, K	Orew S 67401	Board of Agriculture Application Number	, Division of Water Resourc	es
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	30 ft.		
AN "X" IN SECTION BOX:	WELL'S STATIC WATE	R LEVEL 23 ft.		
N	WELL WAS USED AS:			
NW X NE	1 Domestic	5 Public Water Supply	9 Dewaterir	30
I I	2 Irrigation	6 Oil Field Water Suppl	ly 10 Monitoring	g Well
w	3 Feedlot 4 Industrial	 Domestic (Lawn & Ga Air Conditioning 		Vell
Was a chemical / bacteriological sample submitted to Department? Yes				
SW SE SE If yes, mo/day/yr sample was submitted to bepartment? Yes				
	Water Well Disinfected; Ye	es No√		
S				
5 TYPE OF BLANK CASING USED:				
	Vrought 7 Fibergia Asbestos-Cement 8 Concret		elow)	
		•		:h8'
Blank casing diameter5 in. Casing height above or below land	surface	in.	II yes, now muc	
6 GROUT PLUG MATERIAL: 1	Neat cement 2 Cement grou	ut	ther	
Grout Plug Intervals: From .	3 ft. to30 ft.,	Fromft. to	ft., From	to ft.
What is the nearest source of possib	le contamination:			
Septic tank Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spec	•
2 Sewer lines3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage	••••••	***************************************
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? East	•	feet? 500		
Direction from Well?	How many		••••••	
FROM TO F	LUGGING MATERIALS			
0 3 Clay				
3 30 Bentonite				
7 CONTRACTOR'S OF LANDOWN (mo/day/year)	IER'S CERTIFICATION: This 8/8/2006	water well was plugged in	under my jurisdiction an	d was completed on
Water Well Contractor's License No	527	This Water	er Well Record was compl	eted on (mo/day/year)
by (signature)under t	ne business name of ΜΕΩΟΟΓΕ	ŧ.IUŞ		
INSTRUCTIONS: Use typewriter or ba				

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.